APR 0 3 2006

CENTRAL FAX CENTER 32709663

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwo	rk Reduction Act of 19	95 no perso	ons are required to re	apond to a collection or information orders it displays a valid own consist number				
Fees pursuant to the	Complete if Known							
rees pursuant to un	Application No	ımber	09/943,00					
FEE	Filing Date August 31, 2001							
	First Named I	nventor	Carpini, Walter					
<u> </u>	Examiner Nar	ne	AHMED,					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2666				
TOTAL AMOUNT OF PAYMENT (\$) 510.00				Attorney Docket No. TR-014-US			S	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please idealify):								
Deposit Account Deposit Account Number: 501832 Deposit Account Name: Tropic Networks Inc.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILIN	G, SEARCH, AN	ID EXAMI IG FEES	NATION FEES	RCH FEES	FXA	MINATION	FFFS	
		Small E	ntity	Small Entity		Small_	Entity	Fees Paid (\$)
Application T			_			(\$) <u>Fee</u>	141	rees raid (3)
Utility	300	150	500	250	20		_	
Design	200	100	100	50	13	-	-	
Plant	200	100	300	150	16	8 0	0 —	
Reissuc	300	150	500	250	60	0 30	0	
Provisional	200	100	0	0		0	0 —	
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)								
Fee Description Each claim over 20 (including Reissues) 50								25
Each independent claim over 3 (including Reissues)							200	100
Multiple dependent claims								180
Total Claims				e Paid (\$)			uttiple Dependent Claims	
-2	O or HP =	X _	=			<u> </u>	ee (\$)	Fee Paid (S)
HP = highest number of total claims paid for, if greater than 20. Indep. Claims								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer).								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 30 of fraction								
4. OTHER FEE(S)								
Non-English Specification, Other (e.g., late filing surcharge): Extension of Time (3mo - small entity) 510.00								
SUBMITTED BY								
Signature Registration No. (Attorney/Agent) 44,185 Telephon						Telephone (61	3) 270-6026	
-				Date April 03, 2005				

Name (Print/Type) Victoria Donnelly This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sont to the Christ Information Officer, U.S. Patient and Tradamark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.